



BOYLE VTOS CENTRE APPLICATION FORM



gretb
Bord Oideachais agus Oiliúna
na Gaillimhe agus Ros Comáin
Galway and Roscommon
Education and Training Board

Please indicate the course you wish to apply for –

Business Administration – 5M2468

Horticulture – 5M2586

Horsemanship – 5M3371

Please use block capitals

Name: (Mr., Mrs., Ms.)

Address:

..... Eircode:

Phone: Home: Mobile: Email Address:

Nationality: Country of Birth:

Date of Birth: Age: PPS No.:

Medical Card Holder: Yes Medical Card Number: _____ Expiry: _____ No

Distance from the centre (Miles)

Economic Status

Please tick appropriate box

Please enter date of commencement of Payment

JOBSEEKERS ALLOWANCE.

From date:

JOBSEEKERS BENEFIT.

From date:

JOBSEEKERS TRANSITION.

From date:

ONE PARENT FAMILY ALLOWANCE.

From date:

DISABILITY ALLOWANCE.

From date:

ILLNESS BENEFIT.

From date:

CREDIT

From date:

Qualified Dependent Spouse /Partner

From date:

Other

From date:

(Please Specify name of other payment) **From date:**

Education Details

Please complete ALL of this Section

Which of these best describe your level of education and training on starting VTOS?

Education Details:	Tick	Year completed
Primary Education only		
Intermediate, Group or Junior Certificate		
Leaving Certificate		
QQI Level 3, Level 4, Level 5: (Major Award)		
Please list Qualification:		
Trade Certificate Please List qualification:		
Certificate / Diploma / Degree (Level 6, 7, 8)		
Please List Qualification:		
Other:		

Which of these best describe your level of computer skills? Please tick		
Beginner	Intermediate	Advanced

INTERNATIONAL STUDENTS If your initial education was not in Ireland please complete		
In what country/ies did you receive your formal education?		
Which of these best describe your level of education and training on starting VTOS?	No Formal Education <input type="checkbox"/> Primary <input type="checkbox"/>	
	Lower 2nd Level/FETAC 3 <input type="checkbox"/>	
	Upper 2nd Level/FETAC 4/5 <input type="checkbox"/>	
	QQI Level 6 or above <input type="checkbox"/>	
Is English your first language?	YES	NO

An English language test will be completed by all international students as part of the application process. A minimum level is required.

Have you attended or completed a course on another programme with GRETB or with any other Education Provider?

Course Taken	Year	Subjects	Certificate Level achieved
Abe (Adult Literacy Service) BTEI			
Youthreach			
Other (please specify)			

Do you live in a jobless household: Yes No:

Do you have parenting/care duties: Yes No:

Are you an ex-offender: Yes No:

Are you a substance abuser: Yes No:

Please state if you have any specific learning needs or disability which may require accommodation

Please give details of any special accommodation that you may require.

Please state any health conditions the VTOS programme should be aware of which may impact on your learning.

Employment History

Have you been previously employed: Yes No:

Employer: _____

Duration with previous employer: _____

Part-time Full-time:

How did you hear about VTOS?

Data Protection Statement

The information you give on this form will be used to assess your application to enrol on a VTOS course. The contact details you give will be used solely to make contact with you about your application or (should you be accepted on to a VTOS course) to notify you regarding your classes etc.

GRETB and the Department of Education and Skills will treat all information and personal data as confidential, GRETB may also disclose information you supply to other government departments and public bodies including the Revenue Commissioners, the Department of Social Protection, the HSE, Department of Justice, Equality and Law Reform, so that it can:

- Obtain information to decide whether you are eligible to apply for a VTOS course
- Verify information that you have supplied including your PPS number
- Assist in processing your VTOS application

I _____ agree / disagree that my data may be shared with consultancy bodies and agencies approved by the Department of Education and Science / ETB / VTOS / Centre

I understand that under the Data Protection Act personal information recorded in manual format and on computer must be stored safely and treated as confidential, that it will never be made available publicly in any way which would identify an individual person, and that it will not be used without consent other than the purpose for which it was gathered.

I understand and agree that the information provided to VTOS by me in this registration form is true and accurate and I have read and agree to abide by the rules and regulations outlined in the code of discipline displayed in the centre.

Signature: Date: